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CONFIRMATION NO. 1181

<b>SERIAL NUMBER</b> 10/784,250	<b>FILING OR 371(c) DATE</b> 02/24/2004 <b>RULE</b>	<b>CLASS</b> 029	<b>GROUP ART UNIT</b> 3726	<b>ATTORNEY DOCKET NO.</b> 04027CIP
<b>APPLICANTS</b> Yaron Lihod, Bet Arie, ISRAEL;				
<b>** CONTINUING DATA *****</b> This application is a CIP of PCT/IL02/00711 08/28/2002				
<b>** FOREIGN APPLICATIONS *****</b> ISRAEL 145172 08/29/2001				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 06/08/2004				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance		<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 16
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>ED</i>		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> 23338				
<b>TITLE</b> Boot-slider				
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	